

CHANGE REQUEST FORM

This Fax is to make changes to the Schedule of Classes for FALL _____ WINTERSESSION _____ SPRING _____ MAYMESTER _____ SUMMER I _____ SUMMER II _____

ACTION	DEPT ABBR	CRS NO	SEC NO	DAYS	TIME	Room/Building (on campus) or *Off Campus Instructional Site (must include address with zip code)	APVL CODE (circle one)	MAX ENROLL	*DE Only Mode of delivery (circle one)
ADD CHANGE KILL O ENROLL				M T W T H F S TBA			A H M T		Face to face Video Tape Internet TV Video Conf.

SPECIAL TOPICS TITLE (Not more than 15 spaces)

SPECIAL EQUIP NEEDS (Optional)

COMPOSITE WITH: Course Number: _____ Section Number: _____

MESSAGE:

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MESSAGE:

Requested By: _____ Ext: _____ Date: _____ Time: _____

Processed By: _____ Date: _____ Time: _____

* State mandated reporting requirement for distance education course offerings.